

COMMITTEE ON DENTAL AUXILIARIES

PART VI : RECOMMENDATIONS AND INTENDED IMPROVEMENTS

- **OPERATIONS**
 - **PROGRAMS**
 - **REGULATORY SCHEME**
 - **ORGANIZATIONAL STRUCTURE**
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This part of the report will analyze the areas identified in other sections that offer opportunities for the Committee to improve its processes and programs. This part also contains recommendations regarding the current auxiliary regulatory scheme and organizational structure of the Committee based on the information presented in Parts IV and V of this report.

SECTION 1: OPERATIONS

ISSUE 1: COMPUTERIZATION

While the applicant and licensure processes are currently automated, the computers of Committee staff are not networked internally, nor to the Department and its many agencies. The Committee plans to develop this capability within the next year to expedite communication with Departmental personnel.

In addition, the Committee is currently attempting to develop a database program to more easily track its budget expenditures by component (licensing, enforcement, and examinations) as well as by licensure category. Once a system is in place, the Committee intends to begin developing performance measures in anticipation of implementing performance-based budgeting at some time in the future.

ISSUE 2: DETERMINATION OF PUBLIC SATISFACTION

In order to determine the satisfaction with its services and processes, the Committee intends to implement a program within the next year, whereby it routinely surveys applicants, examinees, and licensees about the quality and timeliness of its services.

ISSUE 3: INCREASED EXAM FREQUENCY

The Committee currently administers its hands-on examinations about 40 days per year, on weekends, and the RDA written examination 6 times per year, on Fridays and Saturdays. While this is a substantial increase over prior years, the Committee will investigate how it might increase this access even further, if possible considering the specialized nature of the examination facilities needed to conduct hands-on examinations on laboratory models and human subjects.

ISSUE 4: MORE TIMELY ISSUANCE OF LICENSES

During the last four years, the average time from date of examination to issuance of examination results (and licensure, if all qualifications have been met) has been 23 days for RDAs, 25 for RDHs, and 12 for EFs.

The Committee has actually been prepared to issue licenses within 7 to 10 days after the testing session, but has not been able to do so due to difficulties with the new Applicant Tracking System during the last two years. Once the system is refined, it is expected that results will be issued within 7 to 10 days following the examination.

The Committee intends to explore other mechanisms to assure that the least amount of time possible elapses between examination and actual license issuance.

SECTION 2: PROGRAMS

ISSUE 5: EXAMINATION VALIDITY

The Committee recently began a survey analysis of dentists to determine the relationship of actual competence, in their view, of RDAs and dental assistants they employ compared to their scores on the RDA examinations. Depending on the results of this analysis, the Committee may conduct similar surveys of the other two licensure categories during the next four years.

ISSUE 6: ALLOWABLE DUTIES, SETTINGS, AND SUPERVISION LEVELS

Increased scopes of practice and relaxation of setting and supervision restrictions may decrease the cost of dental care to the general public, and increase access to care by underserved segments of the population, such as elderly, minority, rural, low income, and

homebound people.

The Committee will consider analysis of scopes of practice, allowable settings, and supervision levels following the conclusion of an occupational analysis of RDH and EF practitioners that is currently being conducted. The Committee will investigate the reasons for limited pursuit of EF licensure.

In addition, the California Dental Hygienists' Association has voiced their concern in two areas, which the Committee will consider during its analysis:

- The current regulatory requirement that educational programs for the RDAEF and RDHEF categories be affiliated with or conducted by a dental school restricts access to the profession, since only two dental schools in California have decided to implement such programs, and dental schools seem unwilling to affiliate with outside facilities which would make the programs more accessible.
- The current regulatory requirement that RDHs perform services under the general supervision of a dentist limits economic growth by preventing hygienists from establishing their own businesses which, if allowed, could meet the needs of underserved populations, and increasing costs to consumers due to market control by dentists over dental hygiene services.

ISSUE 7: CAREER LADDER

As noted in a 1978 "Interim Staff Report on Career Mobility in the Dental Professions" by the California Department of Consumer Affairs:

"Although the Legislature had clearly expressed its intent that a 'career ladder' be established between all levels of auxiliaries and directed the Board to give specific consideration to the recommendations of the Advisory Committee which recommended equivalency credit for all levels of auxiliaries, the Board did not adopt rules that provided a mechanism for a career ladder."

Once appropriate scopes of practice, allowable settings, and supervision levels are in place, the Committee intends to examine whether an adequate and accessible career ladder, from RDA through licensure as a dentist, exists and, if not, how it might be established. Consumer costs should be decreased by assuring that dental health providers do not have to incur expense by repeating training for skills that they have already acquired.

ISSUE 8: ENFORCEMENT/EDUCATION

Within the next year, the Committee plans to prepare and distribute a handbook to new licensees, as well as bi-annual newsletters, in order to educate licensees and thus prevent harm to consumers. These publications would clearly delineate and explain allowable duties, describe disciplinary actions taken against auxiliaries and dentists, and perhaps discuss the harm that can occur from improperly performed procedures.

The Committee also intends to explore how it might assist the Board with

1. reducing the instances of auxiliaries performing procedures which they are legally prohibited from performing; and,
2. educating the public on how to improve their dental health care.

During the next two years, the Committee intends to explore how it may provide automated services to the public and licensees, both in the area of verifying license status as well as general information about dental health and allowable auxiliary procedures.

SECTION 3: REGULATORY SCHEME

ISSUE 9: CONTINUED REGULATION

Based on information provided primarily in Sections III, IV, and V of this report, it is apparent that continued licensing of auxiliaries is necessary to protect the public health and safety. There have been no unnecessary or arbitrary barriers in the licensure process that have been identified. Therefore, the Committee recommends that no changes be made to the current licensure requirements for RDA's, RDHs, or EFs.

Technological advances, the differing dental needs of an aging and diverse society, and increasing concerns about the transmission of infectious diseases have all increased the need for regulation. As the trend continues toward the performance by auxiliaries of even more complex duties, and reduction of the level of dentist supervision, regulation will be even more imperative.

Like practitioners in many of the health care professions, dental auxiliaries cannot readily be evaluated by most consumers. The patient lacks the technical expertise to evaluate what dental care has been performed in his/her mouth, and whether it has been performed properly.

Most often, the consumer is not even able to see the areas treated. Unless there is considerable pain and visible trauma to the treated area, the consumer will usually not question the treatment nor be able to assess the adequacy of treatment.

A 1994 survey conducted by the California Dental Association found that patients expect good work and do **not** feel able to judge the quality of dental work.

In addition, the public **expects** dental health professionals to be licensed in California. According to a survey of California consumers conducted in the Summer of 1996, 98% felt that dental assistants who worked inside their mouths should be licensed in California, with 95% responding that they would feel unsafe without the licensing requirement.

It is normally assumed that the cost of regulation of any profession is passed on to consumers, and that regulation, by its very nature increases costs through a restriction in the supply of practitioners. In the case of auxiliaries, it is unlikely that these factors significantly impact the price of dental services. In fact, if procedures must be repeated because unregulated, incompetent auxiliaries perform them improperly, the cost of dental care will likely increase, both to consumers and California's Medi-Cal program.

In addition, any costs of regulation that may be passed on to the public would be offset by the protection of the public health and safety that results from regulation. The harm that can result from the improper performance of procedures by auxiliaries includes the following:

- ▶ **Physical injury and death** can occur through the improper performance of dental procedures, through aspiration into the lungs or ingestion of dental materials; misuse of sharp instrument, caustic agents, local anesthetics, or other dental materials; or, failure to take a proper medical history and/or assure that appropriate premedication has occurred.

- ▶ **Later physical harm** can occur, which is difficult if not impossible for the consumer to detect nor to attribute to the incompetence of an auxiliary. As a simple example, improperly tied orthodontic archwires, over a period of time, can cause actual root resorption and loss of teeth years later.

- ▶ Patients and others can be harmed through the performance of procedures without the **proper handling and disposal of hazardous wastes** such as bodily fluids and tissue, mercury, acids, and contaminated needles.

- ▶ Patients and others can be harmed through the performance of procedures without carefully following prescribed infection control procedures, which can result in the **transmission of an increasing variety of infectious and deadly diseases**, including

HIV, AIDS, hepatitis B and C, and tuberculosis.

- ▶ ***Unseen financial harm*** can occur to consumers through the incorrect performance of procedures, since the procedure must be repeated for an acceptable result. When this occurs on more than a rare basis, the over-all cost of dental services to the consumer rises.

Deregulation would also eliminate the ability of the state to prevent those auxiliaries who have convictions for sexual misconduct and substance abuse from working on patients, since their employers do not have access to criminal history information.

Since the national trend is toward the delegation to auxiliaries of increasingly complicated procedures, and less supervision by dentists, in order to make dental care more accessible to the public, licensure will be even more critical.

Deregulation at this time would eliminate an important mechanism to gauge the current competency of auxiliaries with a view towards whether they can practice safely in an even more expanded role of service to the public.

As stated under Programs above, the Committee intends to increase its efforts to assure optimal accessibility to dental health care, particularly by underserved populations, by closely evaluating whether additional duties can be performed by each classification of auxiliary, whether they can be performed in additional settings, and whether they can be performed under less restrictive oversight by dentists.

SECTION 4: ORGANIZATIONAL STRUCTURE

ISSUE 10: COMMITTEE STRUCTURE AND RESPONSIBILITIES

Based on the information contained in Parts III, IV, and V of this report, the Committee recommends that the Committee remain a separate entity from the Board of Dental Examiners, but that the membership of the Committee be revised, the Committee report directly to the Board rather than through its Auxiliary Committee, and the Committee's current responsibilities be defined in statute.

Retention of the Committee as a Separate Entity

The Committee is a separate entity from the Board of Dental Examiners in that it is comprised of separate gubernatorial appointees and empowered to appoint its own staff. It is composed of nine members appointed by the Governor, has a staff of nine (9) and an annual budget of about \$1 million. However, the Committee is statutorily within the jurisdiction of the Board, and

has no separate regulatory or enforcement powers.

In creating the Committee, the Legislature intended to permit the full utilization of dental auxiliaries in order to meet the dental care needs of all the state's citizens. The Legislature also mandated that a career ladder be established, permitting the continual advancement of auxiliaries without repeating training for skills already acquired.

In addition to the mandates of the Legislature, the Committee administers the examination, qualification, and licensing processes related to four categories of dental auxiliaries for the Board of Dental Examiners: Registered Dental Assistants (RDAs), Registered Dental Assistants in Extended Functions (RDAEFs), Registered Dental Hygienists (RDHs), and Registered Dental Hygienists in Extended Functions (RDHEFs).

The Committee also maintains records of certification of persons who have taken approved courses and are therefore allowed to perform the following expanded duties which could also seriously harm patients if performed improperly: exposure of x-rays on patients; coronal polishing; ultrasonic scaling; administration of local anesthetics; soft tissue curettage; and, administration of nitrous oxide and oxygen.

The Committee also conducts on-site evaluations and curriculum reviews of RDA educational programs, and the previously listed expanded duties courses, and recommends their initial and continued approval to the Board.

Currently, about 38,000 auxiliaries are licensed in California. Annually, the Committee (1) administers about 3,500 written examinations and 4,600 hands-on practical and clinical examinations; (2) issues about 2,500 to 3,000 licenses; (3) processes the renewals of about 18,000 licenses; and (4) evaluates about 32 educational programs.

Elimination of the Committee would not result in any cost savings, since there are no overlapping functions performed by the Committee and the Board. The same number of staff would be required to perform the considerable responsibilities currently performed by the Committee, and Board members or others would be required to perform the functions which Committee members currently perform. As noted earlier in this report, only about \$8,300 per year is expended for Committee member per diem and travel for non-exam activities. The larger Board may have to meet more frequently to address the issues that the smaller Committee addresses.

As noted in Part III of this report, the Committee has discharged its responsibilities extremely effectively and efficiently, which is often true of smaller, more focused organizations.

Elimination of the Committee would reduce the voice in the decision-making process of

the largest number of people regulated by the Board. The predominance of dentists on the Board may not assure that appropriate discussion of auxiliary issues affecting the public health and safety would occur.

Retention of the Committee will assure that auxiliary examination and licensing requirements and processes are continually scrutinized and improved, and scopes of practice and supervision levels analyzed. The Board's primary focus has been on the dentist licensing process and broad issues facing all of dentistry, whereas the Committee is able to place the highest priority on auxiliary issues when allocating staff resources and executive attention.

The continuation of two separate entities with occasional differing views assures dynamic, thorough, and open public debate of issues affecting the public's dental health care.

Elimination would not assure that the fees paid by auxiliaries would be devoted to the regulation of auxiliaries. In 1978, the Department of Finance and the Legislative Analyst recommended that the funds of the Board and the Committee be separated since the Board was expending 40% of auxiliary revenue on the regulation of dentists. In 1979, the Legislature therefore statutorily separated the funds.

Amend Section 1743 B&P Code to Revise Committee Membership

The Committee further recommends that its composition be statutorily changed and reduced from 9 members comprised of 2 dentists, 1 member of the Board, 2 RDAs, 2 RDHS, 1 RDAEF, and 1 RDHEF to 8 members, comprised of 2 dentists, 1 member of the Board who is a public member, 2 RDAs, 2 RDHs, and 1 EF (either an RDAEF or RDHEF).

Under current statute, the member of the Committee appointed by the Governor who is also a member of the Board may be a dentist, an RDA, an RDH, or a public member. Currently, the position is filled by an RDH member of the Board. This proposed change would statutorily require that the member of the Board who is also appointed to the Committee be a public member. This would provide public input to the Committee's deliberations and assist the public membership of the Board in understanding the technical nature of the Committee's duties when its recommendations reach the Board.

Under current statute, the membership consists of both an RDAEF and an RDHEF. The Committee believes that the requirement that both an RDAEF and an RDHEF serve on the Committee is not justified in view of the small population of RDAEFs and RDHEFs (about 400), and that only one EF should serve on the Committee, with the appointing authority determining whether it should be filled by an RDAEF or RDHEF.

Committee Should Report Directly to the Board

Current statute specifies that the board shall be organized into standing committees dealing with examinations, enforcement, auxiliary matters, and other subjects as the board deems appropriate.

This requires that the Committee report and make recommendations to the Board through its Auxiliary Committee, which the Committee believes is unnecessary and wasteful. The Committee believes it would be more efficient to report directly to the Board.

Amend Section 1742 B&P Code to Define Committee Responsibilities

Since 1982, the Committee has been delegated by the Board the administration of all of the auxiliary examinations, determining auxiliary qualifications for licensure, issuing and renewing auxiliary licenses, and evaluating RDA educational programs and radiation safety and expanded duty courses. The Board can, however, decide to re-assume those duties at any time.

In view of the fact that this relationship exists only by resolution, in order to avoid any confusion in the future, the Committee recommends that statutes be amended to specify that the Committee is responsible for administering all auxiliary examinations, determining auxiliary qualification for licensure, issuing and renewing auxiliary licenses, and evaluating RDA educational programs and radiation safety and expanded duty courses for approval by the Board, as well as making recommendations to the Board on all auxiliary matters.